

TOBYHANNA ARMY DEPOT VETERAN'S COUNCIL
1ST ANNUAL
POW/MIA MEMORIAL FUND 5K ROAD RACE/WALK, 1 MILE
RUN/WALK & ½ MILE CHILDREN RUN

WHEN: Saturday, May 10, 2003 -Rain or Shine
WHERE: Tobyhanna Army Depot at Mack Field House
WHO: Civilians, military, friends, and all runners and walkers

ORDER OF EVENTS:

Children's Half Mile Run/Walk	9:00 A.M.
One Mile Run/Walk	9:30 A.M.
Open 5K Run/Walk	10:00 A.M.

Proceeds Benefit POW/MIA Memorial Fund

Course: Paved and mostly flat. Some hills.

Check-In time: 7:45-8:45 a.m. in Mack Field House

Entry Fee: 5K Run/Walk or One Mile Run/Walk **Pre-Registration \$10.00 Race Day \$12.00**
½ Mile Run **\$5.00 \$7.00**

Special Features: Commemorative T-shirt to the first 100 entrants, water stop, refreshments, plenty of nice prize drawings.

Awards: **Trophies** awarded to overall male and female in the 5K Run/Walk
Medals awarded to the top three men and women in the following categories:
Female: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 & over
Male: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60 & over
Commander's Coin also awarded to the top 5K Run finisher who is a Depot employee or military member.

Medals awarded in the One-Mile Run/Walk to the top three overall men and women (regardless of age). **Ribbons** to all ½ mile participants.

For information contact: CW4 Jim Maness (570) 895-6144 (570) 894-5410.

MUST SHOW A PICTURE ID TO ENTER TOBYHANNA ARMY DEPOT.

DETACH HERE

Registration: Send check or money order to: "POW/MIA Memorial Fund 5K", (Attn: Race Director CW4 Jim Maness), 507B Edison Court, Tobyhanna, Pennsylvania 18466.

OFFICIAL ENTRY FORM: Tobyhanna Army Depot Veteran's Council
POW/MIA Memorial Fund 5K Race, May 10, 2003
(Entry form can be photocopied)

Please PRINT or TYPE

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ SEX: M _____

AGE as of May 10, 2003 _____ DATE OF BIRTH: _____ F _____

1/2 Mile Children's Run _____ 1 Mile Run _____ 1 Mile Walk _____ 5K Run _____ 5K Walk _____

Depot Employee _____ Military _____ T-Shirt Size SM MED LG X-LG

* I know that running/walking a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to falls, contact with other participants, the effects of the weather including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Tobyhanna Army Depot Veteran's Council, Tobyhanna Army Depot, Coolbaugh Township, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of those parties.

SIGNATURE (parent if participant is under 18) _____ DATE _____